

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

**FILED**  
Date Stamp

**CALIFORNIA 460  
FORM**

Page 1 of 6

For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

JUL 27 2001  
CITY OF SANTA MARIA

BY: [Signature]  
City Clerk

Statement covers period

from 1/01/01

through 6/30/01

SEE INSTRUCTIONS ON REVERSE

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Pre-election Statement - Attach Form 495

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate  
Controlled Committee  
(Also Complete Part 4.)

- ☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Broad Based  
(Also Complete Part 5.)

I.D. NUMBER  
1227669

## 3. Committee Information

COMMITTEE NAME

Alice Patino for City Council

## Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2450 Professional Parkway Suite 220

STREET ADDRESS (NO P.O. BOX)

2450 Professional Parkway Suite 220

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria CA 93455 (805) 346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria CA 93455 (805) 934-5737

MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

# Recipient Committee Campaign Statement Cover Page — Part 2

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## 4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Alice Patino  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Santa Maria City Council  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
2450 Professional Parkway Ste. 220 Santa Maria CA 93455

**Related Committees Not Included in this Statement:** *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE	AREA CODE/PHONE

## 5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 6. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

## 7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/19/01 DATEBy T. B. Walker SIGNATURE OF TREASURER OR ASSISTANT TREASURERExecuted on 7/19/01 DATEBy Alice Patino SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement  
Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

CALIFORNIA 460  
FORM

Statement covers period

from 1/01/01

through 6/30/01

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

I.D. NUMBER

1227669

Contributions Received

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

Column B\*  
TOTAL PREVIOUS PERIOD  
(SEE NOTE BELOW)

Column C  
TOTAL TO DATE  
(COLUMNS A + B)

1. Monetary Contributions ..... Schedule A, Line 3 \$ 0.00 \$ 0.00
2. Loans Received ..... Schedule B, Line 7 0.00 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2 0.00 0.00
4. Nonmonetary Contributions ..... Schedule C, Line 3 0.00 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 0.00 0.00

Expenditures Made

6. Payments Made ..... Schedule E, Line 4 \$ 710.41 \$ 710.41
7. Loans Made ..... Schedule H, Line 7 0.00 0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7 710.41 710.41
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 0.00 0.00
10. Nonmonetary Adjustment ..... Schedule G, Line 3 0.00 0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10 710.41 710.41

Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16 \$ 2,205.39
13. Cash Receipts ..... Column A, Line 3 above 0.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4 2.16
15. Cash Payments ..... Column A, Line 8 above 710.41
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,497.14

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b) \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See Instructions on reverse \$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above 0.00

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

20. Contributions Received ..... 1/1 through 6/30 \$ 7/1 to Date
21. Expenditures Made ..... \$

Type or print in Ink.  
Amounts may be rounded  
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SCHEDULE A

# Schedule A Monetary Contributions Received

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through 6/30/01

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$						

## Schedule A Summary

- Amount received this period -- contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0.00
- Amount received this period -- unitemized contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 0.00

\*Contributor Codes  
IND -- Individual  
COM -- Recipient Committee  
OTH -- Other

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
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1227669

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vertrees Printing 406 W. Main St. Santa Maria, CA 93458	LIT		328.91
Coalition of Labor & Business (COLAB) P.O. Box 7523 Santa Maria, CA 93456	MTG		150.00
Benedetti & Assoc. P.O. Box 5958 Santa Maria, CA 93456	PRO		162.50

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 641.41

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 641.41
2. Unitemized payments made this period of under \$100	\$ 69.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 710.41



**Type or print in Ink.  
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## SCHEDULE I

Statement covers period

**from** 1/01/01

**through** 6/30/01

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**NAME OF FILER**

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Alice Patino for City Council

I.D. NUMBER

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**AMOUNT OF  
INCREASE TO CASH**

**FULL NAME AND ADDRESS OF SOURCE**  
(IF COMMITTEE ALSO ENTER I.D. NUMBER)

DESCRIPTION OF RECEIPT

**Attach additional information on appropriately labeled continuation sheets.**

Schedule I Summary	
1. Increases to cash of \$100 or more this period.	\$ 0.00
2. Unitemized increases to cash under \$100 this period.	2.16
3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).)	0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	2.16
<b>TOTAL</b>	<b>\$</b>

FPPC Form 460 (8/99)